



IHS Southwest Telehealth Consortium: Meeting Minutes May, 2005

Program/Project Title		IHS Southwest Telehealth Consortium		
Location		Sheraton Hotel, Albuquerque, NM		
Meeting Date/Time		May 2-3, 2005	Meeting Chair	Mark Carroll
Attendees				
Taylor Satala	James Toya	John Hubbard	Don Davis	Doug Peter
Vince Berkley	John Kittredge	Leonard Thomas	James Galloway	John Meeth
Pete Ziegler	Joe Lucero	Roy Teramoto	Mark Horton	Ken Simpson
Dale Alverson	John Redd	Sanjeev Arora	Lorraine Valdez	Bernie Jojola
Tom Fisher	Kevin Loretto	Tom Taylor (phone)	Mark Carroll	

MEETING AGENDA	
#	Topics – MAY 2, 2005
1.	Welcome and Introductions – Jim Toya
2.	Agenda Review/February Meeting Minutes – Mark Carroll
3.	Action Item Updates – Mark Carroll
4.	Area Updates re: Telehealth/EHR – Area Teams
5.	New Mexico Telehealth Alliance/4 Corners Telehealth Consortium – Dale Alverson
6.	Project ECHO – Sanjeev Arora/John Redd
7.	Signature Ceremony for Southwest Area MOU – Area Directors
8.	Telecardiology, Home Telehealth, and the Native American Card Program – Jim Galloway
9.	Update: Pathways into Health – Jim Galloway
10.	The IHS JVN Program: Lessons Learned – Mark Horton
11.	Update: The Teleradiology Reading Center – Ken Simpson
12.	VHA Collaborations – Mark Carroll
#	Topics – MAY 3, 2005
13.	RRM Planning and Telehealth – Mark Carroll
14.	Medicaid Reimbursement and Telehealth – Mark Carroll
15.	Videoconferencing and the IHS WAN – Tom Fisher
16.	Multimedia Training and Telehealth – Tom Taylor
17.	Diabetes Care and Telehealth – Lorraine Valdez
18.	Opportunities for Pediatrics Specialty Care and Telehealth – Roy Teramoto/Mark Carroll
19.	Telehealth and HQ Planning – Group
20.	Action Items, Meeting Evaluation, Next Meeting - Group

FEBRUARY 2005 MEETING ACTION ITEMS			
#	Description	Owner(s)	Completion Date

			Scheduled	Actual
1.	Hold videoconference between all 4 Areas, on April 15, to review May meeting agenda	Tom Fisher/ Mark Carroll	041505	041505
2.	Finalize MOU in preparation for May 2005 meeting	ADs/CMOs	050205	050205
3.	Develop THealth Directory specific to Southwest	Areas/MCarroll	Open	Underway
4.	Maintain involvement with 4 Corners Thealth Consortium	MCarroll	Open	May 05 report
5.	Implement home telehealth pilot project for heart failure care	JGalloway	June 05	May 05
6.	Establish relationship with T-Health Institute in Phoenix	Phoenix Area	Open	March 05
7.	Establish one telepathology project in Southwest	Group	12-05	Open
8.	Develop timeline for briefing of Dr. Grim	ADs	Open	Continuing
9.	Continue business modeling for telerad reading center	KSimpson	Open	May 05 report
10.	Support Tucson Area Native American Wellness Summit	JGalloway	041605	041605
11.	Review opportunities for pediatric telehealth/regional specialists	Group	Open	May 05 report
12.	Develop strategy for Medicaid reimbursement of telehealth	Group	Open	May 05 report

MEETING MINUTES

1. Welcome and Introductions: Mr. Toya welcomed meeting attendees to the Albuquerque Area. Introductions ensued.
2. Agenda Review: MCarroll reviewed the agenda and the February meeting minutes. Given some particular needs in individual attendee schedules, it was agreed that minor adjustments to the agenda would be in order. There were no recommended changes to the February minutes.
3. Action Item Updates: MCarroll reviewed the Action Items from the February meeting (summarized in the above table), noting which items would be discussed in this meeting's agenda.
4. Area Updates: Each Area reviewed the status of Telehealth, EHR, and related activities.

Albuquerque: (Mr. Toya and Dr. Thomas) The Albq Indian Hospital may offer radiology reading services to Albq Area facilities. This service could start in August. There are discussions with UNM and the Albq VA re: 24/7 backup reading support for this service (as the Albq Indian Hospital radiology dept is not open 24/7). PACS service support would be at the Albq Area office. Network expansion is underway. There is progress toward establishing a DS 3 circuit between the IHS wide area network (via Albq Indian Hospital) and UNM. A data sharing agreement is under development between Albq Area and UNM. There is also interest in tele-behavioral health at some Albq Area facilities.

Navajo: (Mr. Hubbard and Dr. Peter) 3 Area SUs now use IHS JVN. There is interest in tele-pathology but uncertainty re: its use for QA vs. rapid readings of frozen section specimen from the operating room. Recent changes in IT leadership for the Area; the CIO position is advertised. The EHR implementation/roll-out is going well at Ft. Defiance; other SUs are preparing for EHR implementation. Significant issues arise intermittently at some SUs/facilities re: IT infrastructure reliability and support. A focus on collaboration with the VHA continues. There may be possibilities for telehealth service expansion to American Indian veterans living in southern Utah.

Phoenix: (Mr. Davis and Dr. Berkley) A growing emphasis on telehealth for the Area continues. There is special interest in telehealth from many Tribal Chairmen and Health Directors. New project development for telehealth to outreach to Nevada and Utah will be reviewed/demonstrated for Tribal leaders/health directors this summer. There is particular interest in home telehealth (especially for cardiology care). Partnerships with university and regional medical centers/organizations for telehealth continues. A rheumatologist (training supported by Phoenix Area) is now on-board and interested in telehealth for her practice. On-line training material development should be supported to help telehealth service expansion, in general.

Tucson: (Mr. Satala and Dr. Kittredge) The Westside Clinic will open by the fall. This clinic will be equipped for computed radiography and teleradiology. The Westside Clinic will need readings via teleradiology (whether from PIMC or another source). Home telehealth for heart failure care is beginning this month in the Tucson Area (more to be presented by Dr. Galloway). The Tucson Area is joining the Arizona Telemedicine Program. Over 1000 people attended the April 16th Native American Wellness Summit in the Tucson Convention Center. The Native American Cardiology Program offered free screenings on site and cardiologist consultations via telemedicine videoconferencing.

National Planning: Special consideration was given in the Area update discussion to how the SWTHC should share information re: its activities with Dr. Grim and IHS Leadership in Rockville. The importance of status reporting and demonstration of telehealth capability for Tribal leaders was also emphasized. In addition, alignment of telehealth with EHR and other IT planning was encouraged. Area Directors requested that Dr. Grim, Mr. McSwain, Dr. Vanderwagen, and Keith Longie all be invited to the next SWTHC meeting.

5. New Mexico Telehealth Alliance/4 Corners Telehealth Consortium Update: Dr. Dale Alverson, Medical Director of the New Mexico Telehealth Alliance, overviewed activities for both the New Mexico Telehealth Alliance and the Four Corners Telehealth Consortium. The full content of this presentation is available. Of note, the NM Telehealth Alliance was formed in 1995 as a 501.c3 non-for-profit organization. Presently, 70 sites in 30 New Mexico communities are connected to the Alliance network. Opportunities for collaboration with the SWTHC included: pediatric orthopedics, neonatal ICU support, telehealth business planning, and the model used by NM Telehealth Alliance to develop New Mexico state Medicaid telehealth reimbursement policy.
6. Project ECHO: Dr. Sanjeev Arora UNM Professor of Medicine, and John Redd, Chief of Viral Hepatitis/Liver Disease Section of the IHS Division of Epidemiology. (The following summary is from the Project ECHO webpage) "The University of New Mexico Health Sciences Center (UNM HSC) has developed an innovative and widely applicable model to provide treatment for patients with chronic, common and complex diseases who do not have direct access to specialty healthcare providers. This knowledge-on-demand model is called Project ECHO – Extension for Community Healthcare Outcomes. Conceived as a means to treat HCV-infected patients in New Mexico's rural communities and prison system, Project ECHO can assist in diagnosing and successfully treating many other chronic illnesses and conditions. Project ECHO connects urban medical center disease experts with rural general practitioners and community health representatives over a telehealth network. The ultimate goal of Project ECHO is to provide the same level of healthcare to rural patients with chronic diseases as can be obtained in an urban setting. A secondary goal is to provide rural healthcare practitioners with a level of interaction and support commensurate with their urban counterparts to enhance their technical competence and decrease their feelings of professional isolation. Project ECHO is being field-tested in weekly, regularly scheduled telemedicine clinics hosted by UNM HSC specialists in the areas of hepatitis C. Through use of the UNM HSC Telehealth pathways and internet-based access, community healthcare providers around New Mexico are afforded the opportunity to present cases which are discussed among the network participants to jointly reach treatment decisions. Project ECHO will incorporate Community Health Extension Agents (CHEA), patterned after the county agricultural extension agent, to assist primary care physicians in the care of patients and to bridge the gap between the urban network hub and the rural healthcare clinics."
The Santa Fe Service Unit currently participates in Project ECHO. Other facilities, such as Gallup Indian Medical Center, have expressed interest.
7. Signature Ceremony: The 4 Area Directors signed the Inter-Area Memorandum of Understanding for Telehealth. Photos were obtained of the document signing.
8. TeleCardiology and Home Telehealth for Heart Failure Care: Dr Galloway reviewed progress and ideas re: efforts by the Native American Cardiology Program to expand services via tele-cardiology (including, for example, tele-lipid consultation clinics – a possible collaboration with Harvard). He also overviewed the HEART program (Health Enhancement of American Indians and Alaskan Natives via Residential Telemedicine). The HEART program was scheduled to begin May 4, with the first patient being enrolled from the Sells Service. Based on the initial experience of the program, it is expected that services will expand to other facilities and Service Units in the months ahead.
9. Pathways into Health: Dr. Galloway updated the group on the recent progress of the Pathways into Health project. Organizational efforts continue, with the development of an Interim Executive Board and a national Advisory Council. Progress has also been made for the Clinical Laboratory Sciences degree program. The project anticipates enrollment of the first 1-3 students into the distance learning degree program for Medical Technicians by September, 2005.

10. The IHS JVN Program: Lessons Learned: Dr. Horton overviewed the experience of the IHS Joslin Vision Network, emphasizing the importance of learning from that experience for other IHS Telehealth project activities. Thirty facilities now participate in the IHS JVN network. For the most part, the program experience has been positive. They are, however, noteworthy areas for improvement. Dr. Horton submitted a list of suggested improvements for the group's consideration: (a) Wide Area Network (WAN) upgrades, to include Quality of Service and potentially an outside evaluation of the WAN for optimization to support telehealth; (b) staffing at ITSC to better address timely needs of telehealth; (c) more focused "roadmap" toward enhanced and reliable videoconferencing over the IHS WAN. Additional discussion re: the IHS Wide Area Network (WAN) was postponed pending TFisher's presentation/update scheduled for May 3rd.
11. Update: The Tele-Radiology Reading Center: KSimpson updated meeting attendees on "Padimarc" – the Phoenix Area Digital Image Reading Center. Importantly, PIMC already provides readings via teleradiology for multiple Service Units in the Phoenix Area (ie. San Carlos, CRSU, Ft. Yuma); 24% of radiology readings done at PIMC in FY 2004 were in fact for these other 3 Service Units. Dr. Simpson noted the questionable reliability of radiology study data pulled from the IHS data warehouse; a comparison of data warehouse data with PIMC/Phoenix Area data highlighted a significant underreporting of data from the IHS warehouse. This latter point emphasizes the need for local figures to help develop the regional business case/model for Padimarc. PIMC/PAIHS is currently focused on addressing technical infrastructure/information integration issues associated with the first phase of Padimarc, prior to extending service offering to other PAIHS facilities or facilities outside PAIHS.
12. VHA Collaborations: MCarroll overviewed recent activities with the VHA regarding telehealth. In particular, the framework for IHS-VHA telehealth collaboration developed at the April VHA Care Coordination and Telehealth Leadership forum was presented. This framework categorizes possible collaborations with the VHA into 3 areas: information-sharing, operational support, and clinical care outreach to AI/AN Veterans.
13. RRM Planning and Telehealth: MCarroll presented information specific to possible approaches re: a RRM for telehealth. A RRM for telehealth is complex because telehealth spans so many clinical disciplines. Some clinical disciplines have similar space and staff support needs; other disciplines (such as JVN, radiology, mental health) have unique needs necessitating separate space/staff consideration. The group suggested that telehealth RRM planning: (a) be clear on parameters and categories without becoming too complex; (b) be realistic re: the level of support needed to help telehealth projects be successful (note – some telehealth projects cannot be successful without a minimal # of staff); and (c) add telehealth components to other RRM formulations, when appropriate (note – IT and Biomed are important examples). It was noted that important value from a telehealth RRM document may be in the descriptive elements of such a document. It was also noted that a telehealth RRM for new facilities would be helpful for telehealth project development in existing facilities.
14. Medicaid Reimbursement and Telehealth: MCarroll summarized information from a March 2005 meeting held at AHRQ re: telemedicine. An estimated 40 states now reimburse for telemedicine services. Most of these states do not, at present, reimburse for store-and-forward telemedicine although all states have the authority to make individual determination of telemedicine reimbursement policy/procedure. A coordinated strategy to approach state Medicaid agencies on an application-by-application basis is recommended. Such a strategy should emphasize both the "evidence base" (published data as well as actual rural clinic experience) as well as information specific to cost-savings (actual vs. demonstration project). A "toolkit" might be developed so use by IHS Areas as different Areas develop strategy for approaching state-based Medicaid program medical directors.

15. Videoconferencing and the IHS WAN: TFisher reviewed the IHS WAN (part of the “one HHS” VBNS network) and current/future efforts by OIT Albuquerque to improve WAN performance and videoconferencing reliability. Planned enhancements include: (a) moving computer network servers onto a new “backbone” at Albq OIT; and (b) standardizing software versions of various videoconferencing units used on the WAN. Mr. Fisher emphasized the importance of implementing router-based “Quality of Service” (QoS) on the IHS WAN but was unable to indicate a timeline for this QoS implementation. Meeting attendees agreed that such enhancements, including QoS, were critical to the success of both telehealth Centers of Excellence and reliable videoconferencing on the IHS WAN. Those who participated in the April SWTHC videoconference expressed disappointment in the quality of the session. Mr. Fisher indicated that the problems encountered during that session would be addressed by the enhancements he had overviewed.
16. Multimedia Training and Telehealth: TTaylor demonstrated (via the phone, with MCarroll advancing computer screens and programs) a number of different multimedia training tools that have been developed or are under development. These tools can be used for innovative continuing education, real-time clinical management assistance, and training on new information-technology development (such as EHR). This type of training is intended to augment existing approaches to training. Discussion centered on possible applications within diabetes care, home telehealth, and other projects.
17. Diabetes Care and Telehealth: Lorraine Valdez, Nurse Consultant for the IHS Diabetes Program, overviewed the Diabetes Program and commented on possible inclusion of telehealth support for program activities. Discussion highlighted the potential role of telehealth in: (a) access to subspecialists; (b) health professional continuing education in diabetes care; (c) program planning and “best practice” information-sharing between Diabetes Program project sites and grantees; (d) unique distance education opportunities, such as Diabetes Educator certification (offered through the Arizona Telemedicine Program “ADVICE” program). Possible inclusion of telehealth (especially home telehealth) in future diabetes grant program development was noted. The opportunity to include diabetes-related care, as appropriate, into the existing HEART program for heart failure care was also highlighted.
18. Opportunities for Pediatric Telehealth Care: RTeramoto and MCarroll overviewed options and opportunities for pediatric telehealth care in the region. Categories for pediatric telehealth include: (a) access to subspecialist consultation; (b) access to pediatrician consultation for primary care (when the treating clinician is not a pediatrician). Recommendations were made to: (a) form a workgroup that will help examine pediatric-related issues for the region; (b) consider inter-organization meetings in the region re: pediatric telehealth care (note: AzDHS, AAP in AZ, Az Telemed Program, and others are interested in such meetings); (c) identify the leading possibilities for pediatric project focus (eg. pediatric orthopedics, cardiology, development screenings).
19. Telehealth and IHS National Planning: Some national planning interests for telehealth were already noted in agenda item #4. The group reviewed opportunities for briefing IHS Leadership (ie. DEC, the next SWTHC mtg, AD mtgs, forwarding meeting minutes). It was noted that the SWTHC could serve as resource group for telehealth project development outside of the Southwest. In particular, project development (such as telemental health) to offer services to other regions of IHS was noted.
20. Action Items, Meeting Evaluation, and Next Meeting Scheduling: Meeting attendees thanked Mr. Toya and the Albuquerque Area for sponsoring the meeting. On-site support from Kevin Loretto and other members of the Albuquerque Area IT staff was particularly appreciated. All agreed that the meeting was productive; Flagstaff was nominated and selected as the next meeting location. The dates of August 22 (afternoon) and August 23 (all day) were identified. The Native American Cardiology Program will host this meeting.
Action items from the Albq meeting are listed below.

MAY MEETING ACTION ITEMS			
#	Description	Owner	Scheduled Cmpl. Date
1.	Complete interconnection of UNM/NM Telehealth Alliance network with Albq Area IHS/OIT WAN for regional telehealth services	JLucero; WOldCoyote	Open
2.	Share Albq Area IHS/UNM data-sharing agreement with SWTHC	MToya	Aug 05
3.	Request copy of NM state Medicaid telehealth reimbursement regulation and use for regional planning	MCarroll	Aug 05
4.	Identify existing and projected incidence of Hepatitis C in the 4 Areas, to assist in planning re: Project ECHO	MCarroll	Aug 05
5.	Encourage new facility/Service Unit participation in HEART home telehealth project	JGalloway	Open
6.	Develop tele-lipid management clinic pilot in Southwest	JGalloway	Sept 05
7.	Continue with Pathways into Health status reports at SWTCH mtgs	JGalloway	Open
8.	Develop pilot activity for tele-epidemiology support project	MVeazie; JGalloway	Sept 05
9.	Consider/work to identify focused project in region for linking VHA and IHS networks in support of telehealth outreach	Group	Open
10.	Continue with project planning (and updates to SWTHC) of radiology reading ctr	KSimpson	Open
11.	Request use of VHA contracts for home telehealth equipment purchase	MCarroll	June 05
12.	Continue development of regional Southwest telehealth directory listing	MCarroll	Open
13.	Draft RRM document for telehealth and share with SWTHC prior to July mtg with IHS Facility planners in Albq	MCarroll	July 05
14.	Complete OIT LAN upgrade to support IHS WAN Videoconferencing	TFisher	Aug 05
15.	Recommend videoconferencing software version for sites with videoconferencing equipment	TFisher	Aug 05
16.	Discuss OIT-focused staffing for telehealth technical support with WOld Coyote and KLongie at next SWTHC mtg	Group	Aug 05
17.	Develop timeline and resource plan for implementation of Quality of Service in IHS WAN	TFisher	Aug 05
18.	Encourage information-sharing with Diabetes grant programs regarding opportunities in telehealth and home telehealth	LValdez	Open
19.	Develop multimedia training project plan for review at next SWTHC mtg	TTaylor; MCarroll	Aug 05
20.	Develop Telehealth website	MCarroll; TTaylor	Sept 05
21.	Form SW Pediatric telehealth workgroup and receive recommendations from workgroup at next SWTCH mtg	RTeramoto; MCarroll	Aug 05
22.	Consider calendar developed by SWTHC – to promote telehealth in the region	Group	Open
23.	Develop Southwest Telehealth Consortium email group	MCarroll	June 05
24.	Continue to explore opportunity for one regional tele-pathology project	MCarroll	Aug 05
25.	Invite Dr. Grim, Mr. McSwain, Dr. Vanderwagen, and Mr. Longie to next SWTHC meeting	DDavis; MCarroll	June 05
26.	Next meeting to be in Flagstaff, AZ - August 22 (afternoon) and August 23 (full day), hosted by the Native American Cardiology Program	JGalloway MCarroll	Aug 22-23

Respectfully Submitted:

Mark Carroll, MD

June 22, 2005